

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	PR60711USw		
	First Named Inventor	William Joel HOEKSTRA		
	COMPLETE IF KNOWN			
	Application Number			
	Filing Date			
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required	Art Unit	
			Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CHEMICAL COMPOUNDS**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on ( ) as United States Application Number or PCT International

Application Number **PCT/US2005/005467** filed February 22, 2005 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (08-09)

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DECLARATION - Utility or Design Patent Application			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <b>23347</b> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>William Joel</b>		Family Name Or Surname <b>HOEKSTRA</b>	
Inventor's Signature <i>William Joel Hoekstra</i>			Date <i>27 July 2005</i>
Residence: City <b>Durham</b>	State <b>NC</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398</b>			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Aaron Bayne</b>		Family Name Or Surname <b>MILLER</b>	
Inventor's Signature			Date
Residence: City <b>Durham</b>	State <b>NC</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398</b>			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto			

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Address

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State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])  
**William Joel**

Family Name  
Or Surname  
**HOEKSTRA**

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

**Durham****NC****US****US**

Mailing Address

**c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398**

City

State

ZIP

Country

**Research Triangle Park****NC****27709****US****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

Family Name  
Or Surname

**Aaron Bayne****MILLER**

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

**Durham****NC****US****US**

Mailing Address

**c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398**

City

State

ZIP

Country

**Research Triangle Park****NC****27709****US**☐ Additional inventors are being named on the


supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
William John		ZUERCHER	
Inventor's Signature 		Date 7-27-05	
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Harikrishna Suryakant		PATEL	
Inventor's Signature		Date	
Residence: City Durham	State NC	Country US	Citizenship GB
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

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William John		ZUERCHER	
Inventor's Signature		Date	
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City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Harikrishna Suryakant		PATEL	
Inventor's Signature 		Date 7/27/05	
Residence: City Durham	State NC	Country US	Citizenship GB
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
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Inventor's Signature		Date	
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